

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006184

1. Entity Name

THE SKYWAY MOTOR CYCLE CLUB, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90111 022 ****70.00

0062010

Principal Place of Business

3475 16 AVE S
ST PETERSBURG FL 33711
US

Mailing Address

3475 16 AVE S
ST PETERSBURG FL 33711
US

00034043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1838-49th Street South
Suite, Apt. #, etc.

3. Mailing Address

1838 49th St. So.
Suite, Apt. #, etc.

City & State

Saint Petersburg Fl.
Zip

Country

Pineellas

City & State

St. Petersburg Fl.
Zip

Country

Pineellas

4. FEI Number

59-3377398

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, ETHEL
3475 16 AVE S
ST PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name
Skyway motorcycle Club INC. (RD)
Street Address (P.O. Box Number is Not Acceptable)
1838 49th St. So.
St Petersburg FL
City FL Zip Code 33707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, ETHEL 3475 16 AVE S ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUTLER, JAMES 2501 26TH STREET SOUTH ST PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAYS, MARY 1209 JAMES AV S SAINT PETERSBURG FL 33705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DACOSTA, DON 810 15TH AVE SW LARGO FL 33770	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Eva Jeffery 1701 37th St. So. (RD) St. Petersburg Fl. 33707 33711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Days

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

727-821-2051

Daytime Phone #

CR2E037 (10/00)